



DRUG-FREE WORKPLACE
 Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

APPLICATION FOR EMPLOYMENT

Note: Where more space is required, use separate sheet; please print.

Today's Date: _____ Date available for work: _____ Desired: Full-time Part-time Temporary
 Position(s) Applying for: _____ Pay rate desired: _____

GENERAL INFORMATION

Name: _____ Soc. Sec. No. _____
 Last First MI

Phone: Daytime (____) _____ Evening: (____) _____

Street Address	Apt #	City	State	Zip	County	From:	To:

YES NO

Are you 18 years of age or older?
 If under 18, can you provide a work permit if required?
 If hired, can you provide written evidence that you are authorized to work in the U.S.?

Have you ever been convicted of a crime?
 Are there currently any felony charges against you?
 If yes to either above, please state date, place, & nature of conviction (a conviction does not constitute automatic bar from employment.)

Have you ever worked for this company before? YES NO If yes, where _____

Dates: From: _____ To: _____ Position: _____ Pay Rate: _____

Reason for leaving: _____

EDUCATION

Name of School & Location	No. Years Attended	Graduated Yes or No	Major	Degree/Cert. Received
High School				
College				
Technical Training				

Military: Branch	Yrs From:	To:	Rank at Discharge:	Training Received:
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REFERENCES

List below three persons, not related to you, which have known you more than one (1) year.

Name	Address	Phone#	Business	Years Acquainted

BACKGROUND

Why do you feel you are qualified for this job? (Be specific.)

What will you bring to the table that is extra ordinary? (Answers like hard worker and fast learner are standard answers).

How would your previous or current employer describe you?

Which one of your previous jobs was your favorite and why?

Give us an example of when you have gone above and beyond the call of duty in your previous job?

How many times have you been late for work in the last year?

Do you consider yourself a person that pays attention to detail? Give us an example of a consistent habit you have that demonstrates detail?

What task involved in the position you are applying for do you think your strongest and weakest area?

YES NO

Is your license valid?

Will your license still be valid in 6 months?

How many hours per week do you want to work? _____

What days per week would you like to work? _____

EXPERIENCE

List all employers for the last five years starting with present or most recent employer (additional sheet available if needed)

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				
Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____				
May we contact this employer? Yes No If no please explain: _____				

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				
Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____				
May we contact this employer? Yes No If no please explain: _____				

Dates (mo & yr)	Employer's Name, Address & Ph#	Supervisor's Name & Title	Position(s)	Salary (start/end)
Fr				
To				
Reason for Leaving: Resigned Discharged Lay-Off Other (explain): _____				
May we contact this employer? Yes No If no please explain: _____				

TO BE READ AND SIGNED BY ALL APPLICANTS

Applicants are considered for employment without regard to race, religion, color, national origin, sex, age, marital status or the presence of any disability unless such disability effectively prevents the performance of the essential duties and functions required of the position.

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, the law requires that you notify the Company in writing of your need for accommodation within 182 days after you become aware or should reasonably have known the accommodation was needed.

NOTICE: DRUG TESTING: It is our policy to maintain a work place that is free from the effects of both legal and illegal drugs and/or alcohol abuse. We may conduct drug testing of job applicants. Should we consider you for employment, you may be contacted regarding the time and location of the drug test. Refusal to take or failing the drug test will disqualify you from considerations for employment.

The Company may conduct a thorough criminal background and employment reference checks at the Company's discretion.

I understand that this application is not a contract of employment. I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions, and Company from all liability in regard to the final outcome(s) due to the transmission of reference material. I understand that falsification of any material information on this application may be considered sufficient cause for immediate termination. I understand that the employer follows an "employment at will" in that I, or the employer, may terminate my employment at any time for any reason consistent with applicable State or Federal law.

I agree that I will not commence any action or lawsuit relating to my employment or application for employment with Company more than six months after the employment action that is the subject of the action or lawsuit, and I agree to waive any statute of limitations to the contrary. I understand that this applies even if the law would give me that right, and that any claims not brought within six months after the relevant employment action will be barred.

APPLICANT SIGNATURE DATE